



July 22, 2016

The Honorable Secretary Sylvia Burwell
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Secretary Burwell,

On behalf of the Ohio Association of Community Health Centers (OACHC), thank you for the opportunity to submit comments on the proposed Health Ohio Program 1115 Waiver.

OACHC represents all of Ohio's 46 Federally Qualified Health Centers and FQHC Look-Alikes (commonly referred to as Community Health Centers) serving more than 620,000 Ohioans annually. As you know, Health centers reduce or eliminate barriers to care and health disparities, improve health, and lower health system costs. Targeting underserved communities and populations where care is needed but scarce, health centers accept all patients regardless of insurance status, and tailor their services to fit the special needs and priorities of their diverse communities. Their comprehensive model reaches beyond the traditional scope of primary care to include dental, mental health and substance abuse, vision, and pharmacy services, offering much more than medical care. Health Centers also offer services that remove common, persistent barriers to accessing health care such as transportation, translation, insurance enrollment, case management, health education, and home visitation.

Approximately 260+ health center sites serve more than 620,000 patients in Ohio, 94 percent of which are low income (below 200% FPL) and 71 percent of which have family incomes at or below poverty (100% FPL). In the past year, health center uninsured patients dropped to 16 percent while the percent of Medicaid patients increased to 56 percent. In turn, Ohio's extension of the Medicaid program has provided coverage to greater than 600,000 Ohioans who are seeking primary and preventative care for the first time. The result has been more coordinated care at the right time, in the appropriate setting.

OACHC strongly believes any changes to Ohio's Medicaid program should increase the quality of care and improve health outcomes. A hallmark of the Community Health Center Program is to ensure access to care for all Ohioans. As proposed, the Healthy Ohio Program will have a significant negative impact on the overall health of our patients and communities we serve. We offer the following questions and concerns:

Premium requirements will create a barrier to care. A robust body of research already shows that charging premiums and co-pays to people living in poverty makes it less likely that they will

enroll in coverage and obtain needed care. This is a major step backwards from the current Medicaid program that has made great progress in providing health care coverage to Ohio's Medicaid and low-income populations.

Furthermore, Community Health Centers are very familiar with the concept of "skin in the game" or "personal responsibility" as all of our uninsured patients pay for their care based on a sliding scale that reflects ability to pay. It should be noted, however, our health centers still care for patients whether they pay or not. As this waiver is currently proposed, there is concern the implementation of monthly premiums for all non-disabled adults on Medicaid would leave some of our most vulnerable Ohioans, who do not have the means to pay, without necessary coverage. While health centers will still provide care for these patients, this will put a heavy burden on safety net providers and unravel the growth, progress and impact that has been made in communities over the past two years since the extension of the Medicaid Program.

Simply put, Health Centers have seen many uninsured patients become Medicaid enrollees and access primary and preventative health services at a greater rate than before. Health Centers have also invested in more patient capacity through a greater number of locations, expanded hours of operation and higher staffing levels for clinicians and other personnel. We know from experience that people without insurance who don't have access to primary and preventative care get more sick, do not treat their chronic diseases and end up costing the entire system far more than if they were covered and managed through Medicaid. Having health care coverage allows Ohioans to seek the appropriate care at the right time and in the appropriate cost-effective primary care setting.

Elimination of retroactive eligibility for all enrolled populations will cause a gap in coverage.

OACHC has questions regarding coverage during the time period when individuals are waiting for their application to be processed and also when they are re-determined. Currently, there are County Jobs and Family Services agencies that are backlogged up to six months or more in processing applications. This means that an Ohioan that has submitted his/her application and is ready to make/has made the first premium payment will be unable to access health coverage. This preventable gap in coverage could cause an interruption in care for those persons undergoing long-term treatment for life-threatening illnesses such as cancer or heart conditions. Under the current Medicaid Program, these such Ohioans are afforded retroactive coverage which supports the health center care coordination model.

Infant Mortality Crisis Concerns. While OACHC is supportive of the provision in the waiver that protects pregnant women from losing coverage, we are concerned that mothers will be dropped from the Healthy Ohio Program after delivery. With Ohio's infant mortality crisis still looming, the potential for another risky pregnancy dramatically increases without the proper post-natal care or planning. As it stands today, the Medicaid Program is a partner in combatting infant mortalities. To undo the current system would dismantle the community collaboration and statewide accomplishments that have been established to prevent infant deaths.

Educating patients on utilizing their benefits and coverage will be a challenge. Health insurance and health savings accounts (HSAs) are complex and challenging to understand even

for savvy health care consumers. Shifting those familiar with the current Medicaid managed care system to a new HSA program, including the addition of core and non-core portions and the various uses for each section of the account, will be frustrating to both health care providers and the many consumers it will affect. It is probable that many children and their parents will now be in separate programs, with different networks, providers, and accounts. These challenges, in conjunction with the implementation of premiums will be administratively burdensome and overly complex. As a result, many will chose to go without and not seek needed care.

Over the last two years, Ohio's Health Centers have seen firsthand uninsured patients become Medicaid enrollees and access primary and preventative health services at a greater rate. We firmly believe that changes to Ohio's Medicaid program should only increase access to quality care and improve health outcomes. Creating barriers and limitations will cause a disruption in coverage and lack of care for Ohio's most vulnerable. To impose changes at this time would be a step backwards for Ohio and much of our gains over the past few years in jeopardy.

On behalf of our 46 member Health Centers, thank you for this opportunity to relay our concerns for the Healthy Ohio Program 1115 Waiver and its impact on the patients and communities we serve.

Sincerely,

A handwritten signature in cursive script, reading "Randy Runyon".

Randy Runyon
President and CEO